

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13126

FILED MAY 6 1953 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glenwood</u> <u>Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Griffin Smith Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>0980</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>W. H. AM</u> b. (Middle) <u>MAX</u> c. (Last) <u>MARTIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED (Never married) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan 30, 1948</u>
9. AGE (In years last birthday) <u>5</u>		10. MONTHS <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Harold Norman Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lee Matheson</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MR. H. N. MARTIN</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septicemic acute glomerulonephritis</u> ANTECEDENT CAUSES <u>acute myocardial failure.</u> DUE TO (b) <u>chronic glomerulonephritis</u> DUE TO (c) <u>9 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>April 29, 1953</u> , to <u>May 2, 1953</u> , that I last saw the deceased alive on <u>May 2, 1953</u> , and that death occurred at <u>12:00 AM</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J. P. Kimp</u>		23b. ADDRESS <u>Kirksville, Mo.</u>	
23c. DATE SIGNED <u>5/2/53</u>		24a. BURNING, CREMATION, REMOVAL (Specify)	
24b. DATE <u>May 4 - 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Glenwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Glenwood Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chris M. Mowery</u>	
DATE REC'D BY LOCAL REG. <u>May 4 - 53</u>		REGISTERAR'S SIGNATURE <u>Kate Lambert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chris M. Mowery</u>		ADDRESS <u>Lamar, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Guy C. Shelton*  
Licensed Embalmer No. 4700

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.